

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8-1-10 ~~4-1-10~~

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$5,010,581	3.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI changes in circular IL-2009-08.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

AMCO Insurance Company

Name of Company

Marie T. Safreed, State Filing Specialist

Official - Title

**FILED**

AUG 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8-1-10 ~~4-1-10~~

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$12,151,928	2.7%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI changes in circular IL-2009-08.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Allied P&C Insurance Company

Name of Company

Marie T. Safreed, State Filing Specialist

Official - Title

# FILED

AUG 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

June 1, 2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$12,245,015	0.8%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)  
for terrorism and catastrophe coverage only.

This filing is amending the rates.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

RECEIVED

MAR 29 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

The Charter Oak Fire Insurance Company

Name of Company

*Doni O'Keefe*

2nd Vice President

Official - Title

FILED

JUN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 08-01-2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$3,674,339.	+.83%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_  
 Adopt NCCI revised loss costs dated effective January 1, 2010  
 Revising Company loss cost multipliers displayed on CWIC-LCM.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Continental Western Insurance Company  
Name of Company

Sharon Winter, Statistical & Research Analyst  
Official - Title

# FILED

AUG 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8-1-10 ~~8-1-10~~

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$687,383	4.8%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI changes in circular IL-2009-08..

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Depositors Insurance Company

Name of Company

Marie T. Safreed, State Filing Specialist

Official - Title

**FILED**

AUG 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

June 1, 2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,597,469	-0.4%
16. Other		
Line of Insurance		

**FILED**  
JUN 01 2010  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) for terrorism and catastrophe coverage only.

This filing is amending the rates

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

Discover Property and Casualty Insurance Company

Name of Company

**RECEIVED**

MAR 29 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

WC-IL-7

*Lori O'Keefe*

Official - Title

2nd Vice President

Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

June 1, 2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$11,217,881	-4.3%
16. Other		
Line of Insurance		

**FILED**  
JUN 01 2010  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)  
for terrorism and catastrophe coverage only.

This filing is amending the rates

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

Farmington Casualty Company

Name of Company

**RECEIVED**

MAR 29 2010

*Lori O'Keefe*

Official - Title

2nd Vice President

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

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Form (RF-3)

## SUMMARY SHEET

FEB - 8 2010

Change in Company's premium or rate level produced by rate  
revision effective June 1, 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+ or -) **</u>
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> <u>Line of Insurance</u>	13,875,318	- 2.8%

**FILED**

JUN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are revising our multiplier and deviations on some class codes. The impact is -2.8% change  
in our premium level.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which  
will result from application of new rates.

Federated Mutual Ins. Co.

Name of Company

Greg Bangs ACAS, MAAA - Assoc. Actuary

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective June 1, 2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+ or -) **</u>
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Motor Vehicle		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	454,603	- 3.1%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are revising our multiplier and deviations on some class codes. The impact is -3.1% change  
in our premium level.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which  
will result from application of new rates.

Federated Service Ins. Co.

Name of Company

Greg Bangs, ACAS, MAAA – Assoc. Actuary

Official – Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

June 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Policy		
14. Crop Hail		
15. Workers Compensation	\$98,743	-0.4%
16. Other		
Line of Insurance		

**FILED**

JUN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)  
for terrorism and catastrophe coverage only.

This filing is amending the rates

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

Fidelity and Guaranty Insurance Underwriters, Inc.

Name of Company

**RECEIVED**

MAR 29 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

WC-IL-7

*Doni O'Keefe*

Official - Title

2nd Vice President

Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

June 1, 2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$2,164,361	-0.9%
16. Other		
Line of Insurance		

**FILED**  
JUN 01 2010  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) for terrorism and catastrophe coverage only.

This filing is amending the rates

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

Fidelity and Guaranty Insurance Company

Name of Company

**RECEIVED**

MAR 29 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

WC-IL-7

*Lori O'Keefe*

Official - Title

2nd Vice President

Printing 08/95

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

AUG 01 2010

Change in Company's premium or rate level produced by STATE OF ILLINOIS  
 effective 08/01/2010 DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	913,841	+2.35%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
 Classes? If so,  
 specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory  
 Organization, specify  
 organization):

We are filing to adopt the January 1, 2010 loss costs to  
 be adjusted by a revised multiplier of 1.316 for all classes.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
 rates.

Iowa American Insurance Company

Name of Company

Beverly Barber - Compliance

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

**FILED**

FORM (RF-3)

AUG 01 2010

## SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revision  
effective 08/01/2010

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	3,878,306	+2.35%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

We are filing to adopt the January 1, 2010 loss costs to  
be adjusted by a revised multiplier of 1.646 for all classes.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Iowa Mutual Insurance Company

Name of Company

Beverly Barber - Compliance

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

June 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$310,882	0.9%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)  
for terrorism and catastrophe coverage only.

This filing is amending the rates

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

NIPPONKOA Insurance Company, Limited

Name of Company

**RECEIVED**

MAR 29 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

*Don O'Keefe*

Official - Title

2nd Vice President

**FILED**

WC-IL-7

JUN 01 2010

Printing 08/95

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

June 1, 2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$4,933,353	1.3%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) for terrorism and catastrophe coverage only.

This filing is amending the rates

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

The Phoenix Insurance Company

Name of Company

RECEIVED

MAR 29 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

WC-IL-7

FILED

JUN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

2nd Vice President

Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

June 1, 2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$9,795,226	-2.5%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) for terrorism and catastrophe coverage only.

This filing is amending the rates

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

**RECEIVED**

MAR 29 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

The Standard Fire Insurance Company

Name of Company

*Lori O'Keefe*

2nd Vice President

**FILED**

JUN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

June 1, 2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Policy		
14. Crop Hail		
15. Workers Compensation	\$12,299,193	-1.2%
16. Other		
Line of Insurance		

**FILED**  
JUN 01 2010  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) for terrorism and catastrophe coverage only.

This filing is amending the rates

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

Travelers Casualty Insurance Company of America

Name of Company

**RECEIVED**

MAR 29 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

**FILED**  
Official - Title

JUN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

2nd Vice President

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

June 1, 2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$4,222,344	1.0%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) for terrorism and catastrophe coverage only.

This filing is amending the rates.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

Travelers Casualty & Surety Company

Name of Company

**RECEIVED**

MAR 29 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

*Doni O'Keefe*

Official - Title

2nd Vice President

**FILED**

JUN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

June 1, 2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$19,137,738	0.5%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)  
for terrorism and catastrophe coverage only.

This filing is amending the rates

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

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MAR 29 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

The Travelers Indemnity Company

Name of Company

*Sari O'Keefe*

Official - Title

2nd Vice President

**FILED**

JUN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

June 1, 2010

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$24,941,094	0.7%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)  
for terrorism and catastrophe coverage only.

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The Travelers Indemnity Company of America

Name of Company

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Lou O'Keefe

Official Title

2nd Vice President

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WC-IL-7

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Printing 08/95

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

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June 1, 2010

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1. Automobile Liability		
Private Passenger		
Commercial		
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Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$8,930,731	0.9%
16. Other		
Line of Insurance		

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The Travelers Indemnity Company of Connecticut

Name of Company

*Lori O'Keefe*

2nd Vice President

Official - Title

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DEPARTMENT OF INSURANCE  
SPRINGFIELD

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

June 1, 2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$51,226,944	-0.3%
16. Other		
Line of Insurance		

**FILED**  
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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

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Travelers Property Casualty Company of America

Name of Company

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

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2nd Vice President

Official - Title

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ILLINOIS SUMMARY SHEET

FORM RF-3

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June 1, 2010

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
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2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Policy		
14. Crop Hail		
15. Workers Compensation	\$4,033,687	0.2%
16. Other		
Line of Insurance		

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JUN 01 2010

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

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United States Fidelity and Guaranty Company

Name of Company

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STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

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2nd Vice President

Official - Title

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